



Department of Code Enforcement  
**Indianapolis**  
*Gregory A. Ballard, Mayor*

### REQUEST FOR FIRE TRAINING PER CHAPTER 511 OF THE INDIANAPOLIS AIR POLLUTION CONTROL ORDINANCE

Please complete the following and return to the City of Indianapolis Department of Code Enforcement (City), 1200 Madison Avenue, Suite 100, Indianapolis, Indiana 46225 or fax to (317) 327-2274. The request must be received at least 10 working days prior to the proposed burn date. The attached form listing the names and addresses of all parties within 500 feet of the burn site must be completed. If there are no interested parties, this should be indicated. The City requests that the fire training not occur on a Knozone Action Day. To determine if a Knozone Action Day has been call or if you have any questions or concerns, please call the Air Quality information line at (317) 327-4AIR.

#### PLEASE COMPLETE THE FOLLOWING FOR INDUSTRIAL FIRE TRAINING

##### Company or Fire Department Making Request:

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

##### Site Location:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Township: \_\_\_\_\_

Projected Burn Date: \_\_\_\_\_ Alternative Burn Date: \_\_\_\_\_

Time of Burn: \_\_\_\_\_ Total Hours of Burn Time: \_\_\_\_\_

Number of People Involved: \_\_\_\_\_ Total Number of Burn Sessions: \_\_\_\_\_

Type of Fuel or Material to be Used: \_\_\_\_\_

Total Number of Gallons of fuel and/or quantity of material to be used: \_\_\_\_\_

#### Department of Code Enforcement

1200 Madison Ave., Ste. 100 | Indianapolis, IN 46225 | Phone: (317) 327-8700 | [www.indy.gov/dce](http://www.indy.gov/dce)  
Fax Numbers: Building - 327-8475 | Business Licensing - 327-0817 | Contractor Licensing - 327-8401  
Crafts - 327-5397 | Infrastructure/Right of Way - 327-3125 | Permits - 327-5174 | Zoning - 327-8696

## IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
6. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
7. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### ADDRESS OF SITE:

Street: \_\_\_\_\_

City: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attach additional pages if needed.